

CASH TRANSFER EXTENSION FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised: 2/7/94

Reference Receivable Number															
LN	Tran	Dept	Org #	Number	LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce	S/Rev	Prog	Type
PRJ/CL/GRC				ACTV	Rept Cat	Customer Code			Cust Loc	Cust Type	Customer Name			Remit To	
Line Amount				I/D	Method of Receipt	Description									

Reference Receivable Number															
LN	Tran	Dept	Org #	Number	LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce	S/Rev	Prog	Type
PRJ/CL/GRC				ACTV	Rept Cat	Customer Code			Cust Loc	Cust Type	Customer Name			Remit To	
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Line Amount				I/D	Method of Receipt	Description									

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____

Phone #: _____

Entered By: _____ Title: _____ Date: _____